

MICHIGAN DEPARTMENT OF STATE BUREAU OF ELECTIONS

FILED

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CARMELLA SABAUGH
MACOMETERS MICHIGAN

BALLOT QUESTION COMMITTEE COVER PAGE

06 Report must be legible, typed or printed in ink and signed by the treasurer or designated record keeper. 3. This Statement covers From: 06 Committee I.D. Number 4. Committee's Mailing Address /37 *553* 2. Committee Name Area Code and Phone () 586-296-7374 Ilf the address in this box is different from the committee mailing address on the Statement of Organization, mail may be sent to this address by the filling EXCELLENCE IN EDUCATION 5. Treasurer's Name and Residential Address LORI COOK ROSEVILLE, MI 48066 30695 TENNESSEE 586-296-7374 6. Treasurer's Business Address Designated Record Keeper's Name and Mailing Address (If the committee has a Designated Record Keeper) Area Code and Phone (Area Code and Phone (8. TYPE OF STATEMENT: 8c. ANNUAL STATEMENT 8e. LAMENDMENT TO CAMPAIGN PRE- ELECTION _ Coverage Year) (Complete Item 8a, 8b, 8c 8d, or 8f to indicate which Statement is being amended) 8d. QUALIFICATION POST- ELECTION 8b. OR 8f. DISSOLUTION OF COMMITTEE Pre-Election or Post-Election Statement relates to: □ NON-QUALIFICATION Effective Date of Dissolution STATEMENT (Required of PRIMARY GENERAL State-wide Ballot Question Committees Only) Month Day Year SPECIAL By checking this item, I certify that the committee has no assets or outstanding debts, including late filing fees. Note: The disposition of residual funds must be reported on Schedule 4B and the Summary Page. Date of Election: Date of Qualification or Non-Qualification: Month Dav Year A committee that does not have a Reporting Waiver must file all required Campaign Statements. The Campaign Statements must include all applicable Schedules. Direct contributions, in-kind contributions, loans, expenditures and outstanding debts count against the \$1,000 Reporting Waiver threshold. If any of the information listed in items 4, 5, 6, or 7 has changed since the information was shown on the committee's Statement of Organization, an amendment to the Statement of Organization should accompany this Campaign Statement. If a request for a Reporting Waiver is not received on or before the filing deadline of a required campaign statement, that campaign statement can not be waived. Verification: I certify that all reasonable diligence was used in the preparation of this statement and attached schedules (if any) and to the best of my knowledge and belief the contents are true, accurate and complete. LORI M. COOK, FOR MCOOK Current Treasurer or Designated Record Keeper



SUMMARY PAGE BALLOT QUESTION COMMITTEE

1. Committee I.D. Number ______/37553

2. Committee Name Excellence in Education

RECEIPTS	Column I	Column II
3. Contributions	This Period	Cumulative for Election Cycle
a. Itemized Contributions(Schedule 4A, Column 6)	(3a.) \$ 5/55,00	
b. Unitemized Contributions (less than \$20.01 - no Schedule)	(3b.) \$ <u>NOT APPLICABLE</u>	
c. Subtotal of Contributions		(12)
4. Other Receipts (Schedule 4A-1, Column 6)	(3c.) \$	(18.) \$
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS	(4.) \$	(19.) \$
(Add Line 3 c + Line 4)	(5.) \$ <u>5155.00</u>	(20.) \$
IN-KIND CONTRIBUTIONS		
In-Kind Contributions a. Itemized In-Kind Contributions (Schedule 4-IK, Column 7)	(6a.) \$	
b. Unitemized (less than \$20.01 each - no Schedule)	(6b.) \$ NOT APPLICABLE	
7. TOTAL IN-KIND CONTRIBUTIONS		
(Add Line 6a + Line 6b)	(7.) \$	(21.) \$
EXPENDITURES		
8. Expenditures		
a. Itemized Direct Expenditures (Schedule 4B, Column 7)	(8a.) \$ 2710.68	
b. Itemized Get-Out-The Vote (Schedule 4B-G, Column 6)	(8b.) \$	
c. In-Kind Expenditures - Purchase of Goods or Services (Schedule 4B-2, Column 7)	(8c.) \$	
d. Unitemized Expenditures (\$50.00 or less-no Schedule)	(8d.) \$	
e. Subtotal of Expenditures	(8e.) \$ 2720.68	(22.) \$
9. Independent Expenditures (Schedule 4B-1, Column 7)	(9.) \$	(23.) \$
10. TOTAL EXPENDITURES (Add Line 8e + Line 9)	(10.) \$ <u>2270.68</u>	(24.) \$
in-Kind Expenditures 11. Total In-Kind Expenditures-Endorsements, Donations or Loans of Goods or Services (Schedule 4B-2, Column 8)	(11.) \$	(25.) \$
DEBTS AND OBLIGATIONS 12. Debts and Obligations	,	
a. Owed by the Committee (Schedule 4E)	(12a.)\$	
b. Owed to the Committee (Schedule 4E)	(12b.) \$	
BALANCE STATEMENT		
 Ending Balance of last report filed (Enter zero if no previous reports have been filed.) 	(13.)\$ 53.95	
 Amount received during reporting period (Line 5, Column I, Total Contributions & Other Receipts) 	(14.)+5/55.00	
15. SUBTOTAL Add lines 13 and 14	(15.)= 5668.95	
 Amount expended during reporting period (Line 10, Column I, Total Expenditures) 	(16.)- 2720.68	
17. ENDING BALANCE (Subtract line 16 from line 15)	(16.)- <u>2770.68</u> (17.)\$ <u>3898-27</u>	*



Bureau of Elections

ITEMIZED CONTRIBUTIONS

SCHEDULE 4A
BALLOT QUESTION COMMITTEE 1. Committee I.D. Number

Place extraortile 2	. Committee Name XCC	1/chee 1	n Eaucario.
Please enter contributors name and address. If contribution is from an individu middle initial. 3. Contribution # 1	10/01	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 4. Date of Receipt 4.	7006		
Name: Reid, Halkleen	'	🟂	
Name: Reid, Kattleen Address: 4472 Marneneview; Skelby 5. If over \$100.00 cumulative places provides	Jesp. Me	50,00	
5. If over \$100.00 cumulative, please provide:	41516		
OccupationEmployer			
Business Address			
Type of Contribution: Loan from a person	Fund Raiser		
3. Contribution #2 4. Date of Receipt // 30			
Name: Laska, Melenda		9.00	
Address: 4243 Gensenton; Detroi	A. Mi 48224	25.00	
5. If over \$100.00 cumulative, please provide:	, , , , , , , , , , , , , , , , , , , ,		
OccupationEmployer			
Business Address			
Type of Contribution: Direct	☐ Fund Raiser		
3. Contribution #3 4. Date of Receipt 1/3/	1/06		
Name: Clouteer, amarka, Address: 18100 Welford; Roserel			
Address: 18100 Welford! Bosenel	O. M. 48066	\$25.00	
5. If over \$100.00 cumulative, please provide:	a, me 1800p	25.00	
OccupationEmployer	_		
Business Address			
Type of Contribution: Direct Loan from a person	Fund Raiser		
3. Contribution # 4 4. Date of Receipt 1/30	106		
Name: Hebert, Willie		A	i
Address: 25620 Chalmers : Bosevell	Pe. Nr. 48066	25.00	
5. If over \$100.00 cumulative, please provide:	,,,,,		
OccupationEmployer			
Business Address			
Type of Contribution: Direct	☐ Fund Raiser		
	Page Subtotal)	125.00	
	of All Schedules 4A	75.5	



Bureau of Elections

ITEMIZED CONTRIBUTIONS SCHEDULE 4A

1. Committee I.D. Number 137553

BALLOT QUESTION COMMITTEE 2. Committee Name LXC	Hence i	n Educatio
Please enter contributors name and address. If contribution is from an individual, enter last name, first name, middle initial.	6. Amount	7. Cumulative for Election Cycle for Each
		Contributor (Through date of receipt)
3. Contribution #1 4. Date of Receipt 2/1/0 6		,
Name: Wreyer, Achael	A *	
Address: 28898 Genley, Horsevelle, New 48066	10.00	
5. If over \$100.00 cumulative, please provide:		}
OccupationEmployer		
Business Address		
Type of Contribution: Direct		
3. Contribution #2 4. Date of Receipt 2//7/06		
Name: Steenland, Joseph	A	A)
Address: 31490 Kelle; Boxevelle, Mi 48066	100,00	130.00
The same provide.		
Occupation Guvestigator Employer Macont Chy Deoxecaters Ofer		:
Business Address Charty Bldg; Not Clemans	T	
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #3 4. Date of Receipt 3/4/01	 	
Name: Posevelle Federation of Teachers Graf	4	
Address: 17063 E. Jen Mile; Eachpointe m) 107/	2000,00	
5. If over \$100.00 cumulative, please provide:		
OccupationEmployer		
Business Address		
Type of Contribution: Direct Loan from a person / Fund Raiser		
3. Contribution #4 4. Date of Receipt 3/14/06		
Name: De Jelice, Lexa	<i>A</i>	
Address: 15437 Certer : Posecella Ku	100,00	
5. If over \$100.00 cumulative, please provide:		
OccupationEmployer		
Business Address		Į
Type of Contribution: Direct		
Page Subtotal)	2210.00	
Grand Total of All Schedules 4A (Complete on last page of Schedule)		

Enter this total on line 3a of Summary Page

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ITEMIZED CONTRIBUTIONS SCHEDULE 4A

ITEMIZED CONTRIBUTIONS		12750	2
SCHEDULE 4A	1. Committee I.D. Number	<u>173733 :</u>	<u> </u>
BALLOT QUESTION COMMITTEE	2. Committee Name EXC	Ilance In	Education
Please enter contributors name and address. If contribution is from an indivimiddle initial.	dual, enter last name, first name,	6. Amount	7. Cumulative for
			Election Cycle for Each Contributor (Through
3. Contribution # 1 4. Date of Receipt //	30/06		date of receipt)
Name: Gates, Janeie			
Address: 25620 Wesenan; Poere	lle. Mi 48166	\$ 25.00	
5. If over \$100.00 cumulative, please provide:	10000		
OccupationEmployer			
Business Address			
Type of Contribution: Direct	Fund Raiser		
3. Contribution #2 4. Date of Receipt 4. Date of Receipt	0/06		
Name: Davedien, Jael		\$ ~.	
Address: 29405 Klonwood! Kareall	e 48066	50,00	
5. If over \$100.00 cumulative, please provide:			
OccupationEmployer			
Business Address			
Type of Contribution: Direct	Fund Raiser		
3. Contribution #3 4. Date of Receipt 1/3	0/06		
Name: Willing, Bell	, ,	4	
Address: 17926 Common Rd; Ro	sevelle. Nu	50,00	
5. If over \$100.00 cumulative, please provide:	4066		
OccupationEmployer			
Business Address		ĺ	
Type of Contribution: Direct Loan from a person	Fund Raiser	ĺ	
3. Contribution #4 4. Date of Receipt / S	0/06		
Name: Gram, Selici	/ '		
Address: 16050 Low ; Parenello	. Du 48066	5000	
5. If over \$100.00 cumulative, please provide:	70000	20100	
OccupationEmployer			
Business Address			
Type of Contribution: Direct	Fund Raiser		
	Page Subtotal)	175.00	
Grand Tol (Complete on	al of All Schedules 4A last page of Schedule)		

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Bureau of Elections

ITEMIZED CONTRIBUTIONS SCHEDULE 4A

1. Committee I.D. Number _____137553

BALLOT QUESTION COMMITTEE 2. Committee Name	lerve 1	1 Education
middle initial.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
Address: 25231 Dale & Boseville, Mi 48066		
5. If over \$100.00 cumulative, please provide:	50.00	
OccupationEmployer		
Business Address		
Type of Contribution:		
3. Contribution # 2 4. Date of Receipt 1/30/06		
Name: Mayer, Jac	at	
Address: 25877 Hudson; Soverelle, Mi 48066	50.00	
5. If over \$100.00 cumulative, please provide:		
OccupationEmployer		
Business Address]	
Type of Contribution: Direct		
3. Contribution #3 4. Date of Receipt //30/06		
Name: Napiewocki, Cathe	50.00	
Address: 28255 Bleen! Posevelle, Ne 4066	20.00	
5. If over \$100.00 cumulative, please provide:		
OccupationEmployer	ŀ	
Business Address	1	
Type of Contribution: Direct	1	
3. Contribution # 4 4. Date of Receipt 1/30/06		
Name: Jaylor, Webe	9_	
Address: 28734 Hallyword; Bosevelle. Me 48066	50,00	
5. If over \$100.00 cumulative, please provide:		
OccupationEmployer		
Business Address	1	
Type of Contribution: Direct		
Page Subtotal)	200.00	
Grand Total of All Schedules 4A (Complete on last page of Schedule)		

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ITEMIZED CONTRIBUTIONS SCHEDULE 4A

1. Committee I.D. Number	13	1553	

BALLOT QUESTION COMMITTEE 2. Committee Name	DXCE	ence	n	taucation
Please enter contributors name and address. If contribution is from an individual, enter last name, f middle initial.	first name,	6. Amount		7. Cumulative for Election Cycle for Each Contributor (Through
3. Contribution #1 A Date of Receipt #116/06				date of receipt)
Name: Gel, Belly	•	H .	ĺ	
Name: Yee, Belly Address: 1054 anta; George Pte Was. N. 5. If over \$100.00 cumulative, please provide:	u	\$ 30.00	9	
5. If over \$100.00 cumulative, please provide:	78236	•		
OccupationEmployer			- 1	
Business Address				
Type of Contribution: Direct Loan from a person	er			
3. Contribution #2 4. Date of Receipt 7/10/06			_	
Name: Glepen, Ordeen		#		
Address: 125 0'Coxnor; Narefevelle, Mi. 5. If over \$100.00 cumulative, please provide:	48040	\$30,0C)	
5. If over \$100.00 cumulative, please provide:	, , , , ,			
OccupationEmployer	<u></u>			
Business Address				
Type of Contribution: Direct Loan from a person	er		- 1	
3. Contribution #3 4. Date of Receipt 4/14/06			_	
Name: Tomala, Jeresa		_	İ	
Name: Jonala, Jereza Address: 32343 Struker; Warren, Muy 5. If over \$100.00 cumulative, please provide:	(30.00	0	
5. If over \$100.00 cumulative, please provide:	8086	3 0, 0		
OccupationEmployer			-	
Business Address				i
Type of Contribution: Direct Loan from a person Fund Raiser	r		İ	
3. Contribution # 4 4. Date of Receipt 7/16/06			+	·
Name: Jones, Michel	,	9	الم	:
Address: 35738 Union Lake; Harreson Le	op,	30,00	7	
5. If over \$100.00 cumulative, please provide:	6			
OccupationEmployer_				
Business Address	-			
Type of Contribution: Direct Loan from a person Fund Raise	l l			
Page Subtotal)		130.00		
Grand Total of All Schedules 4A (Complete on last page of Schedule				

Enter this total on line 3a of Summary Page

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Bureau of Elections

ITEMIZED CONTRIBUTIONS SCHEDULE 4A

1. Committee I.D. Number 137553

BALLOT QUESTION COMMITTEE 2. Committee Name	· bxcellerce	n baucatio
Please enter contributors name and address. If contribution is from an individual, enter last name middle initial.	e, first name, 6. Amount	7. Cumulative for Election Cycle for Each
$\mathcal{A}_{\mathcal{A}}$		Contributor (Through
3. Contribution # 1 4. Date of Receipt 1/16/06		date of receipt)
Name: Chesher, Dac		
Address: 18253 Manorevoof Harth; Clerkon	Cevo. 11 25.00	
5. If over \$100.00 cumulative, please provide:	12/28	
OccupationEmployer	70000	
Business Address		
Type of Contribution: Direct Loan from a person	aiser	
3. Contribution #2 4. Date of Receipt 4//6/06	- 4	
Name: Covert, Acke		
Address: 16701 Bellmar, Korevelle, Nei 4	30.00	ŧ
5. If over \$100.00 cumulative, please provide:		
OccupationEmployer		
Business Address		
Type of Contribution: Direct Loan from a person / / Eund Ra	aiser	
3. Contribution #3 4. Date of Receipt 7/7/06		<u> </u>
Name: White, Brent		1
Address: 28531 Johns, Bosevelle. Me 1	18066 \$25.00	
5. If over \$100.00 cumulative, please provide:	0.00	
OccupationEmployer		1
Business Address		
Type of Contribution: Direct Loan from a person , , Fund Rai	ser	
3. Contribution # 4 4. Date of Receipt 1/16/00		
Name: (low), Wars		!
Address: 1/285 Haroser; Waken, Mi	40.00	
5. If over \$100.00 cumulative, please provide:	48043	
OccupationEmployer		
Business Address		:
Type of Contribution: Direct Loan from a person	aiser	, ,
Page Subtot		
Grand Total of All Schedules (Complete on last page of Schedu		

Enter this total on line 3a of Summary Page



ITEMIZED CONTRIBUTIONS

SCHEDULE 4A 1. Committee I.D. Number 1.	<u> 100</u>	<u> </u>
BALLOT QUESTION COMMITTEE 2. Committee Name FXCE 1	celn	Education
Please enter contributors name and address. If contribution is from an individual, enter last name, first name, middle initial.	mount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 4. Date of Receipt #//6/09		date of receipt)
Name: Maryl, Harald		
Address: 19464 Candlelegal Bosealle. de 2	0,00	
5. If over \$100.00 cumulative, please provide:	0,00	
Occupation Employer		
Business Address	,	
Type of Contribution: Direct Loan from a person		
3. Contribution # 2 4. Date of Receipt 4/16/06		<u>.</u>
Name: Jacken, Jophie		
Address: 2396 Heckory Glen; Blrufld Helly. Mu 71	5.00	
5. If over \$100.00 cumulative, please provide:	1,00	
Occupation Employer	}	
Business Address		
Type of Contribution: Direct Loan from a person // Fund Raiser	1	
3. Contribution # 3 4. Date of Receipt 1/1/b/06		
Name: Basskowski Mark	Ì	
$\frac{1}{2}$	0.00	
5. If over \$100.00 cumulative, please provide:	1,00	
OccupationEmployer		İ
Business Address	ĺ	
Type of Contribution: Direct Loan from a person / / Fund Raiser		
3. Contribution # 4 4. Date of Receipt \(\textstyle \frac{1}{\lambda} \sqrt{10/0 6}		
Name: Steenland, Acchael		
Address: 28647 Georeland; Brevelle, Nei 2	5.00	
5. If over \$100.00 cumulative, please provide:	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
OccupationEmployer		
Business Address		

Page Subtotal) Grand Total of All Schedules 4A (Complete on last page of Schedule)

Fund Raiser

 \square Loan from a person

Enter this total on line 3a of Summary Page

160.00

Page _______ of _______

Type of Contribution:

☐ Direct



Bureau of Elections

ITEMIZED CONTRIBUTIONS

SCHEDULE 4A	. Committee I.D. Number	15/55	<u> </u>
BALLOT QUESTION COMMITTEE 2	. Committee Name EXCEL	ence In	Education
Please enter contributors name and address. If contribution is from an individual middle initial.	al, enter last name, first name,	6. Amount	7. Cumulative for
	1		Election Cycle for Each Contributor (Through
3. Contribution #1 4. Date of Receipt #//	4/0/0	 	date of receipt)
Name: Petrone, Patrick			
Address: 32935 Haggerty; Proces	elle , ri 48066	30,00	<u> </u>
5. If over \$100.00 cumulative, please provide:	48066		
OccupationEmployer_			
Business Address	,		
Type of Contribution: Direct Loan from a person	/ Fund Raiser		
3. Contribution #2 4. Date of Receipt #//	5/06		
Name: Lutostanské, Zhomes	/	,,	
Address: 36532 Idaha Dr; Sterl	ene Ha Mi	941 11	
5. If over \$100.00 cumulative, please provide:	1/2/2	10,00	
OccupationEmployer	-700,2		
Business Address	_		
Type of Contribution: Direct Loan from a person	Fund Raiser		
3. Contribution #3 4. Date of Receipt 4/16/	10 6		
Name: artonic, Mechael		d	
	eton Jeop. Mi	40.00	
5. If over \$100.00 cumulative, please provide:	48094		
OccupationEmployer	- /-0 0 //		
Business Address			
Type of Contribution:	Fund Raiser		
3. Contribution # 4 4. Date of Receipt 4/15	106		**
Name: Lacturer, Carner		d	
Address: 30505 Hidden Pener! Pare	00 00	35.00	
Address: 30505 Wedden Pener! Boxe. 5. If over \$100.00 cumulative, please provide:	relle. Mi	03,00	
OccupationEmployer	48066		
Business Address			
Type of Contribution: Direct Loan from a person	Mr		i
	Fund Raiser Page Subtotal)	// // 20	
Grand Total		145,00	

Page Subtotal)
Grand Total of All Schedules 4A
(Complete on last page of Schedule)

Enter this total on line 3a of Summary Page

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ITEMIZED CONTRIBUTIONS
SCHEDULE 4A

1. Committee I.D. Number	137	55	3
T-,	1		

BALLOT QUESTION COMMITTEE 2. Committee Name (XCC)	ence in	Education
Please enter contributors name and address. If contribution is from an individual, enter last name, first name, middle initial.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through
3. Contribution # 1		date of receipt)
3. Contribution # 1 Name: Nederack, Peller	B	
Address: 1993 7 Wooderest, Harper Uds. Mi 5. If over \$100.00 cumulative, please provide:	25.00	
5. If over \$100.00 cumulative, please provide:		
OccupationEmployer	! 	
Business Address		
Type of Contribution: Direct		
3. Contribution # 2 4. Date of Receipt 3/23/06	<i>li</i>	
Name: Concluia	4/00.00	
Address: 2 480 / Graesbeck; Dosevelle, Nei 48066	100,00	
5. If over \$100.00 cumulative, please provide:		
OccupationEmployer		
Business Address	-	•
Type of Contribution: Direct		
3. Contribution # 3 4. Date of Receipt 3/16/64		<u></u>
Name: Dennerg Douglas	d	
Address: 3770 Lake French, Sterley NG. Me	100,00	
5. If over \$100.00 cumulative, please provide:	100,00	
Occupation Employer		
Business Address		
Type of Contribution: Direct	1	
3. Contribution # 4 4. Date of Receipt 4/16/6		
Name: Grent, John	8	
Address: 23061 Petersburg! East parale. Nu	75,00	
5. If over \$100.00 cumulative, please provide:		
OccupationEmployer		
Business Address		
Type of Contribution: Direct		
Page Subtotal)	300.00	
Grand Total of All Schedules 4A (Complete on last page of Schedule)		

Enter this total on line 3a of Summary Page

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Bureau of Elections

ITEMIZED CONTRIBUTIONS SCHEDULE 4A

1. Committee I.D. I	Number	157	<u>55</u>	2)	
	FNO	11000	10	امرا	El.	100

BALLOT QUESTION COMMITTEE 2. Committee Name 100	a) chice in	taucatto
Please enter contributors name and address. If contribution is from an individual, enter last name, first name middle initial.	e, 6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through
3. Contribution # 1 4. Date of Receipt 2/7/06		date of receipt)
1 Date of Receipt	al al	
Name: Bench, Laurel. Address: 22757 Irwen Rd', Alemada. Mi	50,00	
5. If over \$100.00 cumulative, please provide:	r "	
OccupationEmployer		
Business Address		
Type of Contribution: Direct	Ì	
3. Contribution #2 4. Date of Receipt 3/1/0 b		
Name: Halner, Sharen	50,00	
Address: 51734 Jadien Pte; Micomb. Mi	, 30,00	
5. If over \$100.00 cumulative, please provide:	٧	
Occupation Employer		
Business Address		·
Type of Contribution: Direct		
3. Contribution #3 4. Date of Receipt 2/7/06		
Name: Pelessen, Janae		
Address: 5010 Grekhale Ct; Sterline Hts. Nic	50.00	
5. If over \$100.00 cumulative, please provide:	30.00	
OccupationEmployer		
Business Address	1	
Type of Contribution: Direct		
3. Contribution # 4 4. Date of Receipt 2/1/0/6		
Name: Musgall, Hed	A	
Address: 19858 Wardow We Plant In July	10,00	
5. If over \$100.00 cumulative, please provide:		
OccupationEmployer		
Business Address		
Type of Contribution: Direct		
Page Subtotal)	160.00	
Grand Total of All Schedules 4A (Complete on last page of Schedule)		

Enter this total on line 3a of Summary Page

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Bureau of Elections

ITEMIZED CONTRIBUTIONS SCHEDULE 4A

1. Committee I.D. Number 37553

Please enter contributes 2. Committee Name EXCO	lence In t	Aucation
middle initial.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through
3. Contribution # 1 A. Date of Receipt 1/30/66 Name: Shegles, Balbaka Address: 26729 Basser' Baserlle, Mu 48066 5. If over \$100.00 cumulative, please provide: OccupationEmployer Business Address Type of Contribution: DirectLoan from a person, /AFund Raiser	\$30,00	date of receipt)
3. Contribution #2 4. Date of Receipt Name: Address: /625/ Marter Ld. Basevelle, Mi 5. If over \$100.00 cumulative, please provide: Description #2 Address: /625/ Marter Ld. Basevelle, Mi Employer Employer	50,00	
Business Address Type of Contribution: Direct	\$50.00	
OccupationEmployer Business Address Type of Contribution:		
Name: Bucu, Trye Address: 48396 Lake Valley, Shelby Jup. Mu' 5. If over \$100.00 cumulative, please provide: OccupationEmployer	50.00	
Business Address Type of Contribution:	100	
Grand Total of All Schedules 4A (Complete on last page of Schedule)	180.00	

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Bureau of Elections

ITEMIZED CONTRIBUTIONS SCHEDULE 4A

1. Committee I.D. Number _

BALLOT QUESTION COMMITTEE 2. Committee Name	Hence In	Faucation
Please enter contributors name and address. If contribution is from an individual, enter last name, first name middle initial. 3. Contribution # 1 4. Date of Receipt	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
Name: Hartwell, Jardes Address: 2627/ Barbara', Breville, Me' 5. If over \$100.00 cumulative, please provide: OccupationEmployer_	30,08	
Business Address Type of Contribution: Loan from a person Jefund Raiser 3. Contribution # 2 4. Date of Receipt		
Name: Ceneralie, Bobert Address: 19328 Brandt; Brevelle. Her 5. If over \$100.00 cumulative, please provide: ———————————————————————————————————	\$ 30.00	
Business Address Type of Contribution: Direct		
Address: 30840 Park; Bosevelle, New 48066 5. If over \$100.00 cumulative, please provide:	30,00	
OccupationEmployer		
Name: Address:		
5. If over \$100.00 cumulative, please provide:		ľ
OccupationEmployer		
Business Address		
Type of Contribution: Direct Loan from a person Fund Raiser		
Page Subtotal) Grand Total of All Schedules 4A (Complete on last page of Schedule)	90.00	

Enter this total on line 3a of Summary Page

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Bureau of Elections

ITEMIZED CONTRIBUTIONS SCHEDULE 4A

1. Committee I.D. Number _

Please enter contributors name and odds at 15 Please enter contributors name and odd at 15 Please enter contributors name and odd at 15 Please enter contributors name and odd at 15 Please enter contributors name and odd at 15 Please enter contributors name and odd at 15 Please enter contributors name and odd at 15 Please enter contributors name and odd at 15 Please enter contributors name and odd at 15 Please enter contributors name and odd at 15 Please enter contributors name and odd at 15 Please enter contributors name and odd at 15 Please enter contributors name and odd at 15 Please enter contributors name and odd at 15 Please enter contributors name and odd at 15 Please enter contributors name and odd at 15 Please enter contributors name and od	ence In	Fducation
Please enter contributors name and address. If contribution is from an individual, enter last name, first name, middle initial.	6. Amount	7. Cumulative for Election Cycle for Each
3. Contribution # 1 O4 Date of Possint //30/06		Contributor (Through date of receipt)
Name: Resembo, Paul 130/06	Ø	
Address: 38214 Prices Ct; Sterleng Hts 48312	50,00	
5. If over \$100.00 cumulative, please provide:		
OccupationEmployer		
Business Address		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 2 4. Date of Receipt 1/30/01		<u> </u>
Name: Steenland, Joseph	4	
Address: 31490 Kelly, Bosevelle. Mu	30,00	
5. If over \$100.00 cumulative, please provide:		
OccupationEmployer		
Business Address		
Type of Contribution: Direct		
3. Contribution #3 4. Date of Receipt // 30/06		
Name: Genest, Keresa	A	
Address: 16631 Waterman: Gosevelle, New Janes	30.00	
5. If over \$100.00 cumulative, please provide:	50,00	
OccupationEmployer		
Business Address		
Type of Contribution: Direct	}	
3. Contribution #4 4. Date of Receipt //30/06		
Name: Thancescani, alfredo	A	}
Address: 16 CUV DA DA DA DA DA DA DA DA DA DA DA DA DA	30.00	
5. If over \$100.00 cumulative, please provide: 5. If over \$100.00 cumulative, please provide: 5. If over \$100.00 cumulative, please provide:	_	
OccupationEmployer		
Business Address		
Type of Contribution: Direct		
Page Subtotal)	140.00	
Grand Total of All Schedules 4A (Complete on last page of Schedule)		

Enter this total on line 3a of Summary Page

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Bureau of Elections

ITEMIZED CONTRIBUTIONS SCHEDULE 4A BALLOT QUESTION COMMITTEE

1. Committee I.D. Number 137553

DALLOT GOESTION COMMITTEE	2. Committee Name EXCE	-llence 1	Education
Please enter contributors name and address. If contribution is from middle initial.	m an individual, enter last name, first name,	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through
3. Contribution # 1 A 4. Date of Receipt	1/30/06		date of receipt)
Name: Makoroski, Webbie		A	
Name: Nakorwski, Webbie Address: 1863 Common Dd 5. If over \$100.00 cumulative, please provide:	Boseville. Ru'	50,00	
5. If over \$100.00 cumulative, please provide:	4066		
OccupationEmployer			
Business Address			
Type of Contribution: Direct Loan from a	person Fund Raiser		
Contribution # 2 , 4. Date of Receipt			· · · · · · · · · · · · · · · · · · ·
Name: Museat, Duke		#	
Address: 19534 Dlenn; Do	reside Hur Heall	50,00	
5. If over \$100.00 cumulative, please provide:			
OccupationEmployer			
Business Address			
Type of Contribution: Direct	erson / Fund Raiser		
3. Contribution # 3 4 Date of Receipt			
Name: Meessynski, Scare Address: 29/25 Hellveer: Bo 5. If over \$100.00 cumulative, please provide:			
Address: 29/25 Nellangue	and of Shi word	50,00	
5. If over \$100.00 cumulative, please provide:	Herelle, Mi 4106,6		
OccupationEmployer			
Business Address		1	
Type of Contribution: Direct	rson		
3. Contribution # 4 4. Date of Receipt	1/30/06		
Name: Clubo, David ,		di	
Address: 41772 Hellvrew Dr. L	Peros: HB hi	50.00	
5. If over \$100.00 cumulative, please provide:	48314		
OccupationEmployer			
Business Address]	j
Type of Contribution: Direct Loan from a p	erson		
	Page Subtotal)	300.00	
(Cor	Grand Total of All Schedules 4A mplete on last page of Schedule)	300	
,	· kman or correction)	l l	

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Bureau of Elections

ITEMIZED CONTRIBUTIONS SCHEDULE 4A

1. Committee I.D. Number _	13	755	3	
	. 1		_	

Please enter contributors name and add to the contributors name an	ince in	Education
Please enter contributors name and address. If contribution is from an individual, enter last name, first name, middle initial. 3. Contribution # 1 4. Date of Receipt	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
" Ballo of Recorpt		
Name: Lepenske Jony	4	
Address: 19385 Bockport; Bosevelle, Mu	40.00	
5. If over \$100.00 cumulative, please provide #80 66		
OccupationEmployer	:	
Business Address	,	
Type of Contribution: Direct Loan from a person // Fund Raiser		
3. Contribution #,2 4. Date of Receipt ///6/0/6		
Name: Scheltz, Dan	A	
Address: 4/225 Worder out, Charles Lon Jun	40,00	
Name: Alkeltz, Wan Address: 41225 Woodvrew; Chenton Jeop. du 5. If over \$100.00 cumulative, please provide: 48038	, 0,00	
OccupationEmployer	ľ	
Business Address	ļ	
Type of Contribution: Direct Loan from a person , Fund Raiser		
3 Contribution #3		
Name: Jaylor, Exchard	4	
Name: Jaylor, Kehard Address: 28734 Hallyword; Johnselle, Mil 5. If over \$100.00 cumulative, please provide: 48066	40.00	
5. If over \$100.00 cumulative, please provide:	70,00	
Occupation Employer	,	
Business Address		
Type of Contribution: Direct		
3. Contribution # 4 4. Date of Receipt		
Name:		
Address:		1
5. If over \$100.00 cumulative, please provide:		
OccupationEmployer		
Business Address		ļ
Type of Contribution: Direct Loan from a person Fund Raiser		
Page Subtotal)	13000	
Grand Total of All Schedules 4A (Complete on last page of Schedule)		

Enter this total on line 3a of Summary Page

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ITEMIZED CONTRIBUTIONS SCHEDULE 4A

ONTRIBUTIONS
DULE 4A

1. Committee I.D. Number 37553

BALLOT QUESTION COMMITTEE	2. Committee Name	Kellence in	Education
Please enter contributors name and address. If contribution is f middle initial.	rom an individual, enter last name, firs	st name, 6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through
3. Contribution # 1 4. Date of Rece	ipt		date of receipt)
Name: Joces, Shannon	7 /	8	
Address: 46281 Pat St. Ch	exterped From	30,08	
5. If over \$100.00 cumulative, please provide:	480:	6/	
OccupationEmployer		_	
Business Address		İ	
Type of Contribution: Quirect Loan from	a person , Fund Raiser	_	
3. Contribution # 2 4. Date of Recei	, , ,		
/4/		4	
Address: 2/9/2 Trayho; A	A Clase Shores 1	ni 30.00	
5. If over \$100.00 cumulative, please provide:	4808	·/	
OccupationEmployer	70-	<u></u>	
Business Address			
Type of Contribution:	a person		
3 Contribution # 3			
Name: Thell, Sucy Address: 2935 Woodsfock Cere 5. If over \$100.00 cumulative, please provide:		16	
Address: 2935 Woodstock Cer	ele: Voit Herry	Mic 40.00	
5. If over \$100.00 cumulative, please provide:	4804	0	
OccupationEmployer			
Business Address		_	
Type of Contribution: Direct Loan from a	person ,		
Contribution # 4 4. Date of Receip			
Name: JA Mech	/ /	#	
Address: P.D. Boll (80) 1, Bo	revello no 480	66 300,00	
5. If over \$100.00 cumulative, please provide:	700 700 7		
OccupationEmployer			
Business Address		_	
Type of Contribution: Direct	a person	-	
	Page Subtotal)	400.00	
(Grand Total of All Schedules 4A Complete on last page of Schedule)		

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Bureau of Elections

ITEMIZED CONTRIBUTIONS

SCHEDULE 4A 1. Committee I.D. Number	13755	3
BALLOT QUESTION COMMITTEE 2 Committee Name Andrew	Kace in	Education
Please enter contributors name and address. If contribution is from an individual, enter last name, first name, middle initial.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through
3. Contribution #1 Name: Vasel, Rebecca Address: 53/4 Joshshere! Detrain Mi 4824	100.00	date of receipt)
5. If over \$100.00 cumulative, please provide:	, , , , , ,	
OccupationEmployer		
Type of Contribution: Direct		
3. Contribution # 2 4. Date of Receipt ////04		
Name: Muscall, Jaga	4_	
Address: 19858 Woodview; Clearla Jup 4035	50,00	
5. If over \$100.00 cumulative, please provide:] }	
OccupationEmployer		
Business Address		
Type of Contribution: Direct Loan from a person Fund Raiser	1	
3. Contribution #3 Name: Harley, Patty Address: 39596 Lehrededer; Clearon Jeop. Mi 5. If over \$100.00 cumulative, please provide:	\$40,00	
70 0 50		
OccupationEmployer	1	
Business Address		
Type of Contribution: Direct		
3. Contribution #4 4. Date of Receipt /// 6		
Name: Alarr, Charlatte	ا يد ا	
Address: 19307 Merce, Rosevelle, Du 48066 5. If over \$100.00 cumulative, please provide:	40,00	
5. If over \$100.00 cumulative, please provide:	, - , -	
OccupationEmployer		
Business Address		
Type of Contribution: Direct		i
Page Subtotal)	230.00	

Grand Total of All Schedules 4A (Complete on last page of Schedule)

Enter this total on line 3a of Summary Page

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ITEMIZED CONTRIBUTIONS SCHEDULE 4A

BALLOT QUESTION COMMITT		mmittee Name	ence in	Education
Please enter contributors name and address. If contrib middle initial.	ution is from an individual, e	nter last name, first name,	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through
3. Contribution # 1 4. Date	of Receipt_	0 6		date of receipt)
Name: Mc Geure, Marga	7		#1/2 24	
Address: 3220/ Eastroay	; Kosevel	le. Mi	40,00	
5. If over \$100.00 cumulative, please provide:	10	48066	į	
OccupationEmployer_			•	
Business Address				
	oan from a person	Fund Raiser		
3. Contribution # 2 4. Date	of Receipt			
Name: Bonarowske, Ju	lie.		E l	
Address: 4143 Starvelle	, Chena Teo	p. Rui	30,00	
5. If over \$100.00 cumulative, please provide:	•	48054		
OccupationEmployer_				
Business Address				•
Type of Contribution: Direct	an from a person	☐ Fund Raiser		
	of Receipt			-
Name:				į
Address:				
5. If over \$100.00 cumulative, please provide:				
OccupationEmployer				
Business Address			!	
Type of Contribution: Direct Loa	n from a person	☐ Fund Raiser		
3. Contribution # 4 4. Date of	of Receipt			· · · · · · · · · · · · · · · · · · ·
Name:				
Address:				
5. If over \$100.00 cumulative, please provide:				
OccupationEmployer				
Business Address	<u></u>		j	
Type of Contribution: Direct Lo	oan from a person	☐ Fund Raiser		
	0 17 ()	Page Subtotal)	2000	
	Grand Total of A (Complete on last p	All Schedules 4A age of Schedule)	5/55,00	

Enter this total on line 3a of Summary Page

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MICHIGAN DEPARTMENT OF STATE **BUREAU OF ELECTIONS**

ITEMIZED DIRECT EXPENDITURES 1. Committee I. D. Number ____

ITEMIZED DIRECT EXPENDITURES 1. Committee I. D. Number						
SCHEDULE 4B BALLOT QUESTION COMMITTEE 2. C	ommittee Name Excelence in	n te	hearen	,		
Name and address of person to whom paid	State purpose of expenditure. Identify the ballot proposal involved. Indicate whether supported or opposed.	6. Date	7. Amount	8. Cumulative		
Expenditure # 1 Name: Vergenea auila	4. Purpose: Fandraiser geerches	e.	di	for election		
Address: 18235 Marquette Bosevelle, Nii 48066	5. Bailot Proposal:	3/2/06	383,89			
Check box if expenditure is payment of debt or obligation reported on previous statement	County: Maconb XSupport Oppose					
☐ Fund Raiser	☐ Statewide ☐ Local					
Name: Staples Office Supply Address: 3/900 Gratian	4. Purpose:					
Address: 3/900 Dealean Bosevelle. New 48066	5. Ballot Proposal:	3/24/06	99.03			
Check box/if expenditure is payment of debt or obligation reported on previous statement	County: Dacont	:				
C Fund Raiser	Support					
Expenditure #3 Name: Altroch advertising Xpress In	4. Purpose: Maelen, brochera					
Address: 7600 Chuyler Dr Short Debruh, Nu. 48211	5. Ballot Proposal	3/24/06	609.50			
Check box if expenditure is payment of debt or obligation reported on previous statement	county: Macomb					
Fund Raiser	Support ☐ Oppose ☐ Statewide ☐ Local					
Expenditure#4 Name: Postmaster Rosevelle	4. Purpose:		-			
Address: 30550 Gratish Rosevelle, mi 48066	5. Ballot Proposal:	3/25/06	500.00			
Check box if expenditure is payment of debt or obligation reported on previous statement	County: Maconb					
☐ Fund Raiser	Support					
	Subtotal this p Grand Total of Schedu (Complete on last page of S	es 4B	1592.43			

Enter this total on Line 8a of the Summary Page

Page _____of____



MICHIGAN DEPARTMENT OF STATE BUREAU OF ELECTIONS

ITEMIZED DIRECT EXPENDITURES SCHEDULE 4B BALLOT QUESTION COMMITTEE

DATEST GOZOTION OCHIMITIES				
Name and address of person to whom paid	State purpose of expenditure.	6. Date	7. Amount	8.
	5. Identify the ballot proposal involved.	1		Cumulative
	Indicate whether supported or opposed.	İ		for election
Expenditure #1	4. Purpøse:			1
Name Wethoch advertisers Espany.	Kemender Cards	ļ		
1)	_ remended caras	1 , ,	Al.	<u>,</u>
Name Setroit advertiser Express Address: (See above)		HHALOL	&	d∜
Address: / see above \	5. Ballot Proposal:	1/7/08	5111 LA	115/11
<i>'</i>	5. Ballot Proposal:	′ /	540,60	11 7016
	.07750			
Check box if expenditure is payment of debt or obligation	Magayt			
reported on previous statement	County: Deant			
	Support			
☐ Fund Raiser	1, -1	ļ		
Evpenditure # 2	☐ Statewide ☐ Local			
Nome 12 A A	4. Purpose:			
Name (Postmastll - postwill	Hoslage	İ [1 ,
Name: Postnester-Boseville Address: (Lee above)		1 , ,	d	8
Addrace (100 0 hora)		W/11/66	637.66	
Address. (per avoire)	5 Dellat Donner A	ן אטן טוןנין	637.66	112711
	5. Ballot Proposat		W U ., 4 F	1101.10
	Boxx	!		
☐ Check box if expenditure is payment of debt or obligation				
reported on previous statement	County: / aconcl	[]
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☐ Fund Raiser	☐ Support ☐ Oppose]		
	☐ Statewide ☐ Local			
Expenditure # 3	4. Purpose:			
Name :	4. I dipose.			l
	1			l
Address:				
	5. Ballot Proposal:			
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Check box if expenditure is payment of debt or obligation	i l	1		
reported on previous statement		1		
reported on previous statement	County:	İ		
	☐ Support ☐ Oppose	J		I
☐ Fund Raiser	, ,	1	i	I
	☐ Statewide ☐ Local		ŀ	l
Expenditure # 4	4. Purpose:			
Name:			İ	ı
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A dalaman.				ı
Address:	5. Ballot Proposal:			
		1		
Check box if expenditure is payment of debt or obligation				
reported on previous statement	County:			
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			į	

Subtotal this page Grand Total of Schedules 4B (Complete on last page of Schedule)

> Enter this total on Line 8a of the Summary Page

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